

Local Area Network User Agreement

Wm. Jennings Bryan Dorn VA Medical Center

**6439 Garners Ferry Road
Columbia, SC 29209-1639**

As an authorized user of the Dorn VA Medical Center's Local Area Network, I will be given access to the network and associated computer resources to better perform the duties of my job. In exchange for this authorization:

I will safeguard the "**Username**" and "**Password**" given to me. I will also protect and safeguard any codes created by me in the future.

I understand that I will be held accountable for all work/changes in the Local Area Network done under my username. I understand that I must terminate any active sessions before leaving a microcomputer unattended to prevent others from gaining unauthorized access under my username.

I will use my "Username" and "Password" to gain access to the system only for performing official duties. I understand that any use of the Local Area Network or microcomputer workstation nodes attached for private purposes is strictly prohibited.

I understand that the use of offensive or profane language will not be tolerated and will result in termination of my access to the network. It may also result in the appropriate disciplinary action upon the mandatory notification of my supervisor.

I understand that under conditions where violations are suspected, inquiries will be made on the network about my access activities, including contents of my directories and local hard drive if applicable. I also understand that technical or administrative problems may require IRM support staff to view directories and information contained within.

I understand that I may not utilize any software other than that purchased and provided through Information Resources Management Service and installed by them.

I will abide by the terms and conditions set forth in **544-1017 "Internet Policy"**. I understand that Internet access is a privilege, not a right, which may be revoked at any time for inappropriate conduct. I am responsible for following ALL medical center security policies related to access to and use of government systems and data while on an internal or external network connection. **Initials** _____

I will refrain from illegal reproduction, installation or use of unlicensed computer software on any station microcomputers.

I understand that all disks brought in or obtained from a source outside the medical center must be first taken to Information Management Service for virus detection and scanning in accordance with Medical Center Memorandum 544-1020.

Information about an individual accessed by the computer is confidential and protected from disclosure by law (except for specific legal exceptions or with the individual's consent). **Improper disclosure of information to anyone not authorized to receive it may result in a fine of \$5,000.00 under the Privacy Act of 1974.**

I understand that in accordance with **Medical Center Memorandum 544-1015**, an employee may access a sensitive computer record **only** in the performance of his or her official duties.

I understand that violation of these provisions constitutes disregard of a direct supervisory order and may result in appropriate disciplinary action under VA Conduct Regulations (VAR 820(b)).

I affirm that I have read, understand, and agree to abide by the provisions and intent of this agreement, in all regards.

Name of Employee [Print] _____ **SS#** _____

Service _____

Signature _____ **Date** _____

Rev. 2/5/03 (Previous versions are obsolete)